



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST BY THERAPEUTIC CATEGORY

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (some exceptions apply) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). Drugs that are "preferred with clinical criteria" will also require a prior authorization request be submitted. If approval is given to dispense the requested drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement. Below is a list of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Antigout Agents

Colcryst*
All covered generics (generic colchicine tablets require a PA)

Antihistamines

First Generation
All covered generics

Anti-infective Agents

Adamantanes
All covered generics
Amebicides
All covered generics
Aminoglycosides
Bethkis Kitabis*
All covered generics (generic tobramycin inhalation solution requires a PA)

Anthelmintics
All covered generics

Antifungals
All covered generics

Antimalarials
All covered generics

Antituberculosis Agents
All covered generics

Cephalosporins
All covered generics

Chloramphenicol
All covered generics

HCV Antivirals
Eplclusa^{CC} Harvon^{CC}*
Mavyret^{CC} Zepatier^{CC}
All covered generics

Interferons
All covered generics

Macrolides
Xifaxan
All covered generics

Miscellaneous Antibacterials
All covered generics

Miscellaneous Antimycobacterials
All covered generics

Miscellaneous Antiprotozoals
All covered generics

Miscellaneous Antivirals
All covered generics

Miscellaneous β -Lactams
All covered generics

Neuraminidase Inhibitors
Relenza[†] Tamiflu*
Xofluza[†]
All covered generics

Nucleosides and Nucleotides
All covered generics

Penicillins
All covered generics

Quinolones
All covered generics

Sulfonamides
All covered generics

Tetracyclines
All covered generics

Urinary Anti-infectives
All covered generics

Behavioral Health

Alzheimer's Agents
Aricept*
All covered generics

Antidepressants
All covered generics

Anxiolytics/Sedatives/Hypnotics: Barbiturates
All covered generics

Anxiolytics/Sedatives/Hypnotics: Benzodiazepines
Diatat* Diastat Acudial*
All covered generics (generic diazepam rectal kit requires a PA)

Anxiolytics/Sedatives/Hypnotics: Miscellaneous
All covered generics

Cerebral Stimulants/Agents for ADHD-Short and Intermediate Acting
Ritalin*
All covered generics

Behavioral Health (continued)

Cerebral Stimulants/Agents for ADHD-Long Acting
Concerta* Focalin XR*
Vyvanse
All covered generics (generic dextmethylphenidate ER, and methylphenidate ER require a PA)

Wakefulness Promoting Agents
All covered generics

Cardiovascular Health

ACE Inhibitors

All covered generics

Alpha-Adrenergic Blocking Agents

All covered generics

Angiotensin II Receptor Antagonists

All covered generics

Antiarrhythmics

All covered generics

Oral Anticoagulants

Coumadin* Eliquis
Pradaxa Xarelto
All covered generics

Beta-Adrenergic Blocking Agents

Bystolic Hemangeol^{CC}
All covered generics

Calcium-Channel Blocking Agents

All covered generics

Cardiotonic Agents

All covered generics

Central Alpha-Agonists

Catapres-TTS*
All covered generics (generic clonidine patches require a PA)

Direct Vasodilators

All covered generics

Diuretics

All covered generics

Mineralocorticoid (Aldosterone) Receptor Antagonists

All covered generics

Miscellaneous Cardiac Drugs

All covered generics

Miscellaneous Hypotensive Agents

All covered generics

Vasopressin Antagonists

All covered generics

Nitrates/Nitrites

Nitro-Bid Nitrostat*
All covered generics

PCSK9 Inhibitors

All covered generics

Platelet-Aggregation Inhibitors

Brilinta
All covered generics

Renin Inhibitors

All covered generics

Bile Acid Sequestrants

All covered generics

Cholesterol Absorption Inhibitors

All covered generics

Fibric Acid Derivatives

All covered generics

HMG-CoA Reductase Inhibitors

All covered generics

Miscellaneous Antilipemic Agents

All covered generics

Miscellaneous RAAS Inhibitors

Entresto
All covered generics

Diabetic Agents

Alpha-Glucosidase Inhibitors

All covered generics

Amylinomimetics

All covered generics

Biguanides

All covered generics (generic metformin ER requires a PA)

Dipeptidyl Peptidase-4 (DPP-4) Inhibitors

Janumet Janumet XR
Januvia Jentadueto
Kombiglyze XR Onglyza
Tradjenta
All covered generics (generic alogliptin, alogliptin-metformin, and alogliptin-pioglitazone require a PA)

Incretin Mimetics

Byetta Victoza
All covered generics

Diabetic Agents (continued)

Insulins

Humalog Mix Lantus
Levemir Novolog
Novolog Mix 70-30
All covered generics and OTCs

Meglitinides

All covered generics

Sodium-glucose Cotransport 2 Inhibitors

Farxiga Invokamet
Invokana Jardiance
All covered generics

Sulfonylureas

All covered generics

Thiazolidinediones

Actos*
All covered generics

Disease-Modifying Antirheumatic Agents

Cimzia^{CC} Enbrel^{CC}
Humira^{CC}
All covered generics

EENT Preparations

Antiallergic Agents

Bepreve Pazeo
All covered generics

Antibacterials

Besivance Blephamide
Cipro HC Ciprodex*
Zylet
All covered generics (generic moxifloxacin ophthalmic solution requires a PA)

Intranasal Corticosteroids

Omnaris Zetonna
All covered generics

Vasoconstrictors

All covered generics

Gastrointestinal Agents

5-HT₃ Receptor Antagonists

All covered generics

Antihistamine Antiemetics

All covered generics

Miscellaneous Antiemetics

All covered generics

Proton-Pump Inhibitors

All covered generics (generic omeprazole-sodium bicarbonate requires a PA)

Genitourinary Agents

Genitourinary Smooth Muscle Relaxants

Oxytrol Toviaz
All covered generics

Growth Hormone Agents

Omnitrope^{CC} Zomacton^{CC}
All covered generics

Hereditary Angioedema Agents

All covered generics

Immunomodulatory Agents used to treat

Multiple Sclerosis

Aubagio Betaseron
Copaxone* Gilenya
Rebif Tysabri
All covered generics (generic glatiramer requires a PA)

Pain Management/Autonomic Agents

Centrally Acting Skeletal Muscle Relaxants

All covered generics (generic carisoprodol products require a PA)

CGRP Antagonists

Aimovig^{CC}
All covered generics

Direct-Acting Skeletal Muscle Relaxants

All covered generics

GABA-Derivative Skeletal Muscle Relaxants

All covered generics

Miscellaneous Skeletal Muscle Relaxants

All covered generics

Opiate Agonists

All covered generics (generic methadone requires a PA)

Pain Management/Autonomic Agents (continued)

Opiate Partial Agonists

Suboxone^{CC}* Sublocade^{CC}
Zubsolv^{CC}
All covered generics (generic buprenorphine products and generic buprenorphine-naloxone films require a PA)

Selective Serotonin Agonists

All covered generics

Hormones and Synthetic Substitutes

Androgens

All covered generics

Respiratory

Inhaled Antimuscarinics

Atrovent HFA Incruse Ellipta
Spiriva Tudorza
All covered generics

Inhaled Mast-Cell Stabilizers

All covered generics

Leukotriene Modifiers

All covered generics (generic zileuton ER requires a PA)

Orally Inhaled Corticosteroids

Advair Diskus* Advair HFA
Asmanex HFA Asmanex Twisthaler
Dulera Flovent Diskus
Flovent HFA Pulmicort Flexhaler
Qvar Redihaler Symbicort*
All covered generics (generic fluticasone-salmeterol requires a PA)

Respiratory Beta-Adrenergic Agonists

Anoro Ellipta Bevespi
Combivent RespiMat
ProAir HFA* Serevent Diskus
Stiolto RespiMat Striverdi RespiMat
Xopenex HFA*
All covered generics (generic albuterol HFA and levalbuterol HFA require a PA)

Respiratory Smooth Muscle Relaxants

All covered generics

Skin and Mucous Membrane Agents

Antibacterials

All covered generics

Antifungals

All covered generics

Antipruritics and Local Anesthetics

All covered generics

Antivirals

Zovirax (cream)
All covered generics

Astringents

All covered generics

Cell Stimulants and Proliferants

All covered generics

Corticosteroids

Capex Shampoo
All covered generics

Keratolytic Agents

All covered generics

Keratoplastic Agents

All covered generics

Miscellaneous Anti-inflammatory Agents

Eucrisa^{CC}
All covered generics

Miscellaneous Local Anti-infectives

All covered generics

Misc Skin and Mucous Membrane Agents

Elidel
All covered generics

Nonsteroidal Anti-inflammatory Agents

All covered generics

Scabicides and Pediculicides

All covered generics (generic lindane requires a PA)

Women's Health

Estrogens

Premarin (tabs only) Prempro
All covered generics

Prenatal Vitamins

Citrinatal 90 DHA Citrinatal Assure
Citrinatal B-Calm Citrinatal Bloom
Citrinatal DHA Citrinatal Harmony
Citrinatal Rx
All covered generics

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC.

^{CC}Denotes agent is preferred with clinical criteria in place.